

## THE MANY FACES OF THE MEDICAID PROGRAM




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### The Many Faces of Medicaid

- There is no single Medicaid program
- At least a dozen different programs fall under Medicaid
- Many types of extensions after Medicaid eligibility ends
- It is the responsibility of the local Department of Social Services or DOH to determine which programs and/or extensions the applicant is eligible for.

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### Medicaid Statistics

- 227,784 individuals in receipt of Medicaid in Suffolk County *(August 2013 – DOH Statistics)*
  - 90,236 Children
  - 81,533 Adults (not aged or disabled)
  - 18,292 Aged (65 and older)
  - 34,929 Disabled
  - 2,794 Other
- Medicaid paid \$45B for New York State Medicaid recipients in 2012. (\$2.1B for Suffolk County recipients)

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## Traditional Medicaid - Began in 1965

- Type of Program - Health Insurance
  - Fee for Service
  - Managed Care Model
- Applications Used:
  - Access NY Application
  - Medicare Savings Program Application
  - PCAP Application
  - Standard DSS Application
  - Online (for Health Exchange consumers)

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## Traditional Medicaid continued

- Income Guidelines – adjusted annually
  - Medicaid (MA) Standards by household size and category
- Resource Level for Individuals 65 and older, blind or disabled (2014) - adjusted annually
  - Single Person - \$14,550
  - Couple - \$21,450
- Effective 1/1/2010 the Resource Limits were eliminated for other applicants/recipients

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## Prenatal Care Assistance Program (PCAP) - Began in 1987

- Expanded Eligibility for pregnant women
- Income Guidelines
  - Up to **223%** of Federal Poverty Level
  - No Resource Test
- Pregnant client eligible from date of case opening through two months post-partum.

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## Prenatal Care Assistance Program (PCAP) continued

- Applications taken at Qualified PCAP Provider sites
  - Dolan Family Health Center
  - Hudson River Health Care - Greenport
  - Planned Parenthood
  - Southampton Hospital
  - Suffolk County Health Dept. Clinics
  
- PCAP applications are "MAGI", but retained by the local DSS offices at this time.

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## Expanded Levels for Children - Began in 1990

### Levels of Expanded Eligibility for Children

- Children up to age 1
  - **223%** of Federal Poverty Level
  
- Children age 1 – 18
  - **154%** of Federal Poverty Level

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## Expanded Children 1 – 18

- Income Guidelines
- No Resource Test
- If child born to mother in receipt of Medicaid, child is automatically Medicaid eligible for first year.
- If child ineligible for Medicaid, can apply for Child Health Plus

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## Child Health Plus (CHP)

- A program for children who:
  - Do not have other health insurance
  - Are under 19 years of age
  - Are not eligible for Medicaid
- No co-payments
- Premiums may apply – based on income
- No resource test

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## Child Health Plus continued

- All Medicaid Managed Care Plans participate – plus Empire BC/BS
- CHP IS NOT A MEDICAID PROGRAM
- If eligible for Medicaid cannot enroll in CHP
- Children who are not citizens or eligible immigrants (and therefore ineligible for Medicaid) may receive CHP
- Must apply via the Health Exchange (NYSOH)

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## Family Health Plus - Began in 2001

- For adults from the age of 19 through age 64
- Cannot have other private health insurance
- Must be ineligible for Medicaid
- Administered through Managed Care Plans

*\*This program will be phased out during 2014\**

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## Family Health Plus continued

- Income Requirements
  - 150% of the Federal Poverty Level for:
    - Parents with children
    - Children 19 - 20 living with parents
  - No new enrollments, with few exceptions
- FHP no longer available for:
  - Children 19 - 20 not living with parents
  - Single Adults 21 - 64
  - Childless Couples
  - *These populations were transitioned to Medicaid in December 2013*

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## Family Health Plus – Premium Assistance Program – Began 1/2008

- For persons otherwise eligible for Family Health Plus who have access to qualified, cost effective Employer Sponsored Health Insurance (ESHI)
- Medicaid can pay the employee portion of the health insurance premium, co-pays, coinsurance and deductibles.
- Medicaid would cover wrap-around services (those services usually covered under FHP, but not in the applicant's ESHI plan).

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## Medicaid Buy-In For Working People With Disabilities - Began in 2003

- Expanded eligibility levels for working persons with disabilities to allow Medicaid coverage despite increased income
- Certain Medicaid recipients with a spend down may benefit from switching to this program

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## Medicaid Buy-In For Working People With Disabilities continued

In order to qualify, an applicant must:

- Be a New York State resident
- Be certified disabled by either Social Security or the State Disability Review Team
- Be at least 16 but under 65 years of age
- Work in a paid position for which all applicable income taxes are paid
- Pay a premium if required (premium payment has not yet been implemented)

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## Medicaid Buy-In For Working People With Disabilities continued

- Income Limits
  - 150% of Federal Poverty Level – No Premium
  - 250% of Federal Poverty Level
    - May require premium payment (premium program not yet implemented)
- Resource Limit
  - Household of one \$20,000
  - Household of two \$30,000

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## Medicare Savings Programs

- The Medicare Savings Programs assist consumers in paying for their Medicare Premiums
  - Qualified Medicare Beneficiary (QMB)
  - Specified Low Income Medicare Beneficiary (SLIMB)
  - Qualified Individual I (QI-1)
  - Qualified Disabled and Working Individuals (QWDI)
- Special single-page application is available

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## Qualified Medicare Beneficiary -

Began in 1988

- Pays for:
  - Medicare Part A and/or Part B premium
  - Co-insurance
  - Deductibles
- An individual can be eligible for QMB only or for QMB and Medicaid
- Income - 100% of Federal Poverty Level
- NO RESOURCE TEST

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## Specified Low Income

Medicare Beneficiary - Began in 1993

- Pays for Medicare Part B premium only.
- Individuals can be eligible for SLIMB only or for SLIMB and Medicaid (with a spenddown).
- The applicant must have Medicare Part A in order to be eligible for the program.
- Income between 100% and 120% FPL
- NO RESOURCE TEST

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## Qualified Individual I - Began in 1997

- Pays for the Medicare Part B premium only
- Individuals cannot be eligible for QI-1 and Medicaid
- The applicant must already have Medicare Part A
- Income - less than 135% FPL
- No resource test

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## Qualified Disabled and Working Individual (QDWI) - Began in 1990

- Applicant must be a Disabled Worker under 65 who lost Medicare Part A benefits because of a return to work
- Income up to 200% of the FPL
- Resource Limit
  - \$4,000 for Household of 1
  - \$6,000 for Household of 2

MEDICAID PAYS FOR MEDICARE  
PART A ONLY, NOT PART B

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## Medicare Part D

- “Dual Eligibles” (Medicaid and Medicare recipients) are considered automatically eligible for the Medicare Low Income Subsidy
  - This includes persons in the Medicare Savings Programs
- They will receive Medicare Part D with no deductible and no “donut hole”
- There is no monthly premium cost if enrolled in a “benchmark plan” (Less than \$37.23/mo. in 2014)

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## Medicare Part D continued

- Effective 1/1/2010, persons applying at Social Security for the Low Income Subsidy (also called Extra Help) can have that application be considered for the Medicare Savings Program.
- Information regarding their application will be sent to their county for determination of eligibility for the Medicare Savings Program.

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## COBRA Continuation Coverage -

Began in 1991

- Medicaid can pay the premiums for COBRA Continuation Beneficiaries
- Premium must be cost effective
- Income and Resource Requirements
  - 100% of the Federal Poverty Level
  - Resources
    - \$4,000 for a single
    - \$6,000 for a couple

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## AIDS Insurance Continuation -

Began in 1991

- COBRA regulations allow Medicaid to pay health insurance premiums for persons with AIDS or HIV related illness who:
  - Are no longer able to work, or
  - Are working a reduced number of hours, and
  - Do not qualify under the COBRA Continuation Coverage Program.

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## AIDS Insurance Continuation cont.

- Income and Resource Requirements
  - Income – Less than 185% of FPL
  - Resources – No resource test
- No Cost-Effectiveness test is required
- Applicant must be ineligible for Full Coverage Medicaid

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## Family Planning Benefit Program -

Began in 2002

- Increase access to family planning services and prevent or reduce the incidence of unintentional pregnancies. Services include:
  - Most FDA approved birth control, emergency contraception services and follow-up care male and female sterilization
  - Preconception counseling/preventive screening/family planning options before pregnancy

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## Family Planning Benefit Program continued

- Eligibility Requirements
  - Female or male of ANY age
  - New York State resident
  - Citizen, or in satisfactory immigration status
  - Not eligible for MA/FHP or wishes to apply for the Family Planning Benefit Program only

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## Family Planning Benefit Program continued

- Income Under **223%** Federal Poverty Level
- No Resource Test
- One Page Application
- Effective 11/1/12:
  - 3 month retroactive period
  - Transportation is included in the benefit package
- Now handled directly through NYS

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## Medicaid Cancer Treatment Program - Began in 2002

To be eligible for Medicaid coverage under the Medicaid Cancer Treatment Program, individuals must:

- Not be covered under any creditable insurance
- Need treatment for breast, cervical, prostate or colorectal cancer or pre-cancerous conditions
- Be ineligible for Medicaid under other eligibility groups.

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## Medicaid Cancer Treatment Program continued

- Applications taken by the Cancer Services Program Partnership, not DSS.
- Eligibility determined by NYS DOH, not local DSS.
- Income Guidelines
  - 250% of Federal Poverty Level

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## Medicaid Cancer Treatment Program continued

Peconic Bay Medical Center  
1300 Roanoke Avenue  
Phone: (631) 548-6322  
Riverhead, NY 11901

Cancer Services Program of Eastern Suffolk County  
Ext.: (631) 727-4838

Good Samaritan Hospital Foundation  
c/o Good Samaritan Hospital Medical Center  
Phone: (631) 376-3434  
West Islip, NY 11795  
1000 Montauk Highway

Cancer Services Program of Western Suffolk  
Ext.: (631) 376-3616

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## Care at Home Program - Began in 1982

- Program is for children who are severely physically disabled.
- To be eligible, children must be:
  - Under age 19
  - New York State residents
  - Eligible for Medicaid either when applying with their parents' income counted or with just their own income counted
  - Have medical needs not covered by private insurance

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## Long Term Home Health Care Program (LTHHCP)

- New Enrollments for this program have ended in Suffolk County
- Existing participants and those in need of similar services must enroll in either Main Stream Managed Care or Managed Long Term Care

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## Mainstream Managed Care

- Prepaid Capitation Rate paid to HMO for care of Medicaid recipient
- Mandatory Managed Care in Suffolk County since 2001.
- Unless excluded or exempt from participating, Suffolk MA recipients must join a Medicaid Managed Care Plan
- There are five Mainstream Managed Care Plans in Suffolk

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## Mainstream Managed Care continued

The five Medicaid Managed Care plans in Suffolk are:

- Affinity
- Fidelis
- Healthfirst
- HIP
- United Healthcare

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## Mainstream Managed Care cont.

- Services included under Fee for Service Medicaid, but not included in Managed Care package, are provided by Medicaid as “Carved Out Services”
  - Family Planning (for plans not including this optional service)
  - Outpatient Chemical Dependence Services

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## New York Medicaid CHOICE

- New York Medicaid CHOICE is the education and enrollment broker for Suffolk County Medicaid and Family Health Plus Managed Care
- Consumers should call New York Medicaid CHOICE for information on exemptions and exclusions as well as enrollment.

1-800-505-5678

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## Managed Long Term Care

- Managed Long Term Care – Authorized to provide or arrange for health and long term care services
  - Elderserve
  - GuildNet
  - HIP MLTC
  - VNS Choice
  - Fidelis Care at Home
  - Aetna Better Health
  - AgeWell New York
  - Elderplan (Homefirst)
  - Wellcare Advocate
  - Integra MLTC, Inc.
  - Extended
  - North Shore LIJ
  - Centerlight Healthcare Select

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## Managed Long Term Care

- MAP Medicaid Advantage Plus
  - Guildnet Gold
  - HIP VIP
- PACE Program All-inclusive Care for Elderly
  - Centerlight Healthcare (PACE)
- Medicaid Advantage – Provide Medicaid coverage for persons also enrolled in the plan's Medicare Advantage Program
  - HIP
  - Wellcare

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## Mandatory MLTC Enrollment

- Began roll-out in NYC late 2012
  - Nass/Suff/West began roll-out January 2013
- Most Dual-eligible (Medicaid/Medicare) recipients seeking home care services are now required to enroll in a MLTC Plan

New York Medicaid Choice  
1-800-505-5678

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## Medicaid Managed Care Changes

- Eff. 4/1/2013:
  - Long Term Home Health Care Program (LTHHCP) (non-dual)
    - May be mainstream or MLTC
  - MA Buy-In for the Working Disabled (MBI-WPD) (non-dual)
  - Foster Care children placed by LDSS

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## Medicaid Managed Care Changes

- Eff. 8/1/2013:
  - Adult Day Health Care
  - AIDS Adult Day Health Care
  - Directly Observed Therapy for Tuberculosis
- Eff. 10/1/2013:
  - Hospice Care

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## Moving Medicaid From County to County

- Effective 1/1/2008 New York State allowed transfers of Medicaid eligibility when an eligible recipient moves from one county to another
  - No break in coverage
  - No need to reapply in new county
  - At least 4 months of coverage in new county before recertification

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## Suspension of Medicaid for Incarcerated Individuals

- Effective 4/1/2008 New York State allowed suspension of Medicaid eligibility for incarcerated individuals
  - For those in New York State or local prisons/jails – not federal prisons
  - Receives Inpatient Coverage only while incarcerated
  - No need to reapply upon release from prison/jail
  - Recertified 4 months after release

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## Suspension of Medicaid for Individuals in Psychiatric Center

- Effective 4/1/2011 New York State allowed suspension of Medicaid eligibility for individuals in a psychiatric center
  - No need to reapply upon release
  - Districts notified daily of individuals released
  - Recertified 4 months after release

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## Documentation Needed

- For all applications:
  - Identity
  - Age
  - Residence
  - Income
  - Household Composition
  - Other Health Insurance
  - Social Security Number (can attest)
  - Immigration Status (except Pregnant Women and Emergency Medical Treatment)

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## Documentation Needed continued

- For some applications
  - Health/Disability information
  - Medical Bills
  - Resources (only required for over 65, blind or disabled - in most cases can attest to amount)
  - Childcare costs when employed

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## Documentation Needed

- Effective October 1, 2010, individuals attesting to citizenship and social security number will not need to document citizenship or identity
- Naturalized citizens will need to continue to provide original documentation for identity and citizenship
- Individuals who have failed social security validation will need to provide original documentation for identity and citizenship

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## Where to Send the Medicaid Application

- Riverhead Center (Zip Code List)
- Smithtown Center (Zip Code List)
- DSS Administration Offices in Ronkonkoma (for Chronic Care Only)

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## How to apply in 2014

- Most consumers who are aged, blind, or disabled with Medicare must still complete an application and submit it to DSS.
- MAGI consumers must apply for health insurance through the New York State of Health
  - Call NY State of Health at 1-855-355-5777
  - Or Go Online at:  
<http://www.nystateofhealth.ny.gov>
  - Visit a certified counselor/navigator

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## Certified Application Counselors

- Certain DSS Medicaid staff have been designated as Certified Application Counselors.
- CAC staff will provide application counseling services for in-person MAGI applicants at our 2 MA sites.
- This includes answering questions, scanning documents, and, if necessary, completing the data entry on the NYSOH site.

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## Medicaid in 2014

The Affordable Care Act, together with Medicaid Redesign initiatives, has resulted in major changes to the NYS Medicaid Program

- New Eligibility groups – Certain populations will no longer obtain coverage from the local DSS
- New eligibility guidelines – Medicaid is expanding and will cover a larger portion of the population
- New methods to obtain coverage – A new online web portal, as well as new community agencies authorized to process applications

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## Medicaid Expansion

- New York is one of several States that has opted to expand Medicaid coverage to a new eligibility population that includes single adults.
- Family Health Plus is being eliminated 12/31/14, but many formerly on FHP will now be covered by Medicaid with eligibility expanded to 138% FPL.
- For those between 138 – 150%, NYS will subsidize the Premium on the Exchange so that they will have no premium. They will have the federal cost-sharing subsidy.

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## MAGI vs. Non-MAGI

Non-MAGI	MAGI
SSI cash recipients	Pregnant women
SSI-R and ADC-R medically needy	Infants and Children < 19
Residents of nursing homes, institutions, congregate care, adult homes, residential treatment facilities	NEW Adult group Not pregnant Age 19-64 (19 and 20 living alone) No Medicare*
Waiver children and adults	Parents/Caretaker relative (any age)
Medicare Savings Program	Presumptive Pregnant Women
MBI-WPD (Working Disabled)	Family Planning Benefit Program
MCTP (Cancer Treatment Program)	
Disabled Adult Children	
Aged 65, non-caretaker relative	
<Aged 65 w/Medicare non-caretakers	

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## Who Is Responsible?

Retained by DSS	Handled by NYS
PCAP applicants	Pregnant Women
SSI Recipients	Infants and Children under 19
Consumers with a spenddown	19-64 yr olds without Medicare
Aged 65 and over	Parents/Caretaker Relatives
Non-parents/caretakers with Medicare	Family Planning Benefit Program
Separate Determinations from TA	
Medicare Savings Program	
Adult Home/Assisted Living/Nursing Home	
Waiver/Specialized MA programs	
Existing cases (Pre-ACA)	
Applications for retroactive coverage*	
Applications from Hospitals*	* until 4/1/14

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## New Category: What is MAGI?

- MAGI stands for "Modified Adjusted Gross Income." It is a federal income tax term.
- People in the "MAGI" category will have eligibility determined counting income using federal income tax rules.
- For families with children, as well as singles and childless couples this will change how income is used to calculate eligibility.

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## MAGI Eligibility Guidelines

- Household Composition
  - Based on taxpayer status, not legal responsibility
- Income
  - Uses Modified Adjusted Gross Income
  - Eliminates existing income disregards
  - Follows IRS rules for disregarding certain incomes

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## MAGI vs. Non-MAGI

- Children under 21 and Parents/caretaker relatives may still "spend down" using the old rules, if they do not qualify for Medicaid using MAGI budgeting.
- Recipients in the MAGI group will be eligible for 12 continuous months of coverage, regardless of changes in income.
- Undocumented Immigrants will be able to obtain coverage for Emergency Services Only via the new process.
- MAGI Consumers with existing Medicaid coverage will renew through the local DSS office, but will be subject to MAGI-Like rules.
  - Consumers in the household will be added to existing cases, as appropriate

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## Income Data-Matching

- Data-matching will be used by the Health Exchange to verify an applicant's income attestation.
- If a discrepancy exists (10% above or below), the system will request documentation from the consumer.
- Consumers are also able to provide a reason for any discrepancies.
- State agencies are prohibited from requiring additional documentation when the attested income is within reasonable compatibility.

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## Converted Eligibility Levels

Category	Pre-ACA Level	2014 Level
Pregnant Women	200% FPL	223% FPL
Infants	200% FPL	223% FPL
Child 1-18	133% FPL	154% FPL
Parents/Caretaker Relatives	150% FPL	138% FPL
19 & 20 year olds living w/parents	150% FPL	155% FPL
S/CC & 19 & 20 yr olds living alone	100% FPL	138% FPL
Family Planning Benefit Program	200% FPL	223% FPL
< 26 who were in foster care when age 18	NO INCOME LIMIT	

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## Why the new levels?

- Under the ACA, consumers who were previously eligible for Medicaid should remain eligible.
- Consumers will no longer receive any of the existing income deductions.
- The new levels take into account the previous deductions, as well as the %5 deduction that is now standard for MAGI budgeting.
- These levels were determined by CMS.

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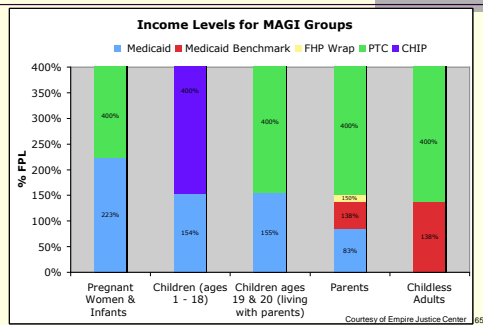
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## Options beyond Medicaid

- Children under 19 – CHP – up to 400% FPL.
- Parents/ Caretaker relatives of children <18
  - Spend-down, using pre-ACA budgeting rules
  - OR -
  - Buy Insurance on Exchange and get Subsidies:
    - Premium Tax Credit – up to 400% FPL and
    - Cost-Sharing Assistance – up to 250% FPL
- Singles/Childless Couples and age 20-21 not living with parents - cannot spend-down, can buy Insurance on Exchange with premium & cost-sharing subsidies.

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## MAGI Income & Benefit Levels



## Exchange Referrals to LDSS

- Consumers who apply through the Health Insurance Marketplace may trigger a referral to the local DSS MA office.
- Referrals can be for a number of reasons:
  - Medicaid eligibility determination of spend-down
  - Blind, disabled or chronically ill
  - Aged 65 or older
  - Requests for home care or waiver services
  - Applications for nursing home care

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## The Future of Medicaid

- During 2014, DSS will continue to be responsible for all active cases, regardless of category
- DSS will continue to process new applications for the populations NOT included in the NYSOH (Exchange)
- Future enhancements will expand the NYSOH to include additional populations
- There is no projected timeline for this transition at this time

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## Questions?

